



# State of Utah

Department of Administrative Services  
Division of Finance

Norman H. Bangerter  
Governor

Gordon L. Crabtree, C.P.A.  
Director

2110 State Office Building  
Salt Lake City, Utah 84114  
(801) 538-3020

## MEMORANDUM

To: GLEND A MCMASTER  
Payroll Technician

From: Mark Austin  
State Payroll Coordinator

Date: 8/5/91

Subject: **Verification of Employee's Name & Social Security Number**  
=====

JAMES E HICKEY - S.S. # 520-70-5967

Employee: RONALD V HOFFMAN - S.S. # 529-82-7856  
\* SEE ATTACHED PHOTO COPIES

We do not have a copy of the social security card for the above named employee. Therefore, we are unable to verify that the name and social security number recorded in our payroll system is correct. If you will send us a copy of the social security card we will verify the information on our payroll records and make any necessary corrections.

We perform this verification to protect the employee from later complications with the Social Security Administration. Each year we send the Social Security Administration, (SSA), a copy of the Form W-2 that is issued to each employee from our payroll records. The SSA uses the name and social security number, (SSN), as shown on the W-2 to credit the employee's earnings account. This earnings account is used to determine the employee's social security benefits entitlement. If the SSA cannot match the employee's name and SSN to their records, the earnings are posted to a file of uncredited earnings rather than to the employee's account. (According to the SSA the balance in the uncredited earnings file now amounts to \$58.2 billion.) Employees are usually unaware of the error until they are turned down when attempting to claim their social security benefits.

We also perform this verification to protect the employee's department from paying Internal Revenue Service penalties. Current IRS regulations state that employers may be charged a \$50 penalty for each W-2 filed containing erroneous information. Form W-2s of employees whose name and SSN do not match the Social Security's records are considered erroneous.

No verification action will be taken by our office until we receive a copy of the employee's social security card.

RETURN ALL DOCUMENTS FOR NAME, NUMBER VERIFICATION, and/or CORRECTION WITH THIS MEMO ATTACHED.

(IF NEEDED)

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

*No S.S. Copy Requested*  
**Employee's Withholding Allowance Certificate**

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

8/5/91  
OMB No. 1545-0010

**1991**

1 Type or print your first name and middle initial

Last name

2 Your social security number

Home address (number and street or rural route)

3 Marital status

☐ Single ☒ Married  
☐ Married, but withhold at higher Single rate.  
Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or town, state, and ZIP code

4 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply)

4

5 Additional amount, if any, you want deducted from each pay

5 \$

6 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:

- Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND
- This year if my income exceeds \$550 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter the year effective **FINANCE PATROL** there

6 19

7 Are you a full-time student? (Note: Full-time students are not automatically exempt.)

7 ☐ Yes ☐ No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ►

Date ► April 8

19 91

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to IRS)

9 Office code (optional)

10 Employer identification number

**WYOMING DRIVER'S LICENSE**

HICKEY, JAMES EUGENE

BOX 13

LONETREE

WY 82936

C

CLASS

TYPE

RESTRICTIONS

7284153017

NUMBER

5 11

HEIGHT

170

WEIGHT

M

520 70 5867

SEX SOCIAL SECURITY NO.

06 01 84

ISSUE DATE

06 05 58

BIRTH DATE

DONOR

06 05 88

EXPIRATION DATE

James E Hickey

CHAIRMAN TAX COMMISSION

Ralph Anderson



NH  
Do Not  
Verify from  
Drivers License  
Require Only Valid  
Social Security Card

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Allowance Certificate**

► For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010

**1991**

1 Type or print your first name and middle initial

RONALD V.

Last name

HOFFMAN

2 Your social security number

529-82-7856

Home address (number and street or rural route)

PO Box 93

City or town, state, and ZIP code

Randolph, Utah 84064

3 Marital status

☐ Single ☐ Married

☐ Married, but withhold at higher Single rate.

Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 Total number of allowances you are claiming (from line G above or from the Worksheets on back if they apply)

4

5 Additional amount, if any, you want deducted from each pay

5

\$ -0-

6 I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:

- Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND
- This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability; AND
- This year if my income exceeds \$550 and includes nonwage income, another person cannot claim me as a dependent.

If you meet all of the above conditions, enter the year effective and "EXEMPT" here

7 Are you a full-time student? (Note: Full-time students are not automatically exempt.)

7

☐ Yes ☒ No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ►

Ronald V. Hoffman

Date ►

march 19, 19 91

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to IRS)

9 Office code (optional)

10 Employer identification number



\* Not a valid  
S.S. copy  
issued by  
Social Security  
Admin